Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

S7-US3

CLAIMS AS FILED - PART (Column 1)					(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			20				ſ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		Ì	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			30 minus 20=		• 10			X\$ 9=		OR	X\$18=	180	
IND	EPENDENT CL	AIMS	/ minus 3 =		*			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT					·			+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	ŧ	TOTAL		OR	TOTAL	890	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)								SMALL E	NTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		=		, X\$ 9=		OR	X\$18=		
	Independent		Minus	3**** (3)	- Ol A 114	=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL						+135=		OR	+270=			
24								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column											4	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total.		Minus	10000 14 44 2000 31 2 3 4 5 5		=		X\$ 9=		OR	X\$18=		
	Independent		Minus					X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM	CLAIM		+135=		OR	+270=		
							ı	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)											, 7.,		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**	••	=		X\$ 9=		OR	X\$18=	Ï	
	Independent	A Company of the Comp	Minus	***		=		X40=		OR	X80=	·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				T CLAIM			+135=	•	OR	+270=		
**	* If the entry in column 1 is less than the entry in column 2, writ "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If th "Highest Number Pr viously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the entry in column 1 is less than the entry in column 2. **TOTAL ADDIT. FEE												
	it in "Highest Nu The "Highest Nur	ımber Pr viously P nber Previously Pa	aid For" (Total o	s SPACE r Independ	is less that dent) is the	an 3, enter 3." e highest numb	er fou	und in the ap	propriate bo	x in co	olumn 1.		